

ORIGINAL

**Affidavit accompanying Motion for
Permission to Appeal In Forma Pauperis**

United States District Court for the DISTRICT of DELAWARE

v.

D.C. Case No. 96-327-GMS
Third Cir. No. 06-2359

Affidavit In Support of Motion

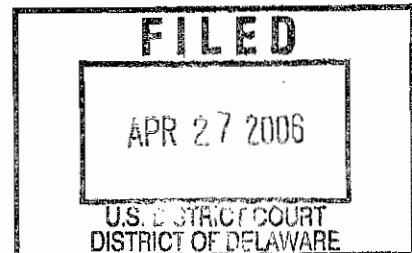
I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury that my answers on this form are true and correct. (28 U.S.C. § 1746, 18 U.S.C. § 1621)

Signed: Christopher D. Dunn Date: 5-24-06

Instructions

Complete all questions on this application and then sign it. Do not leave any blanks. If the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate piece of paper identified with your name, your case's docket number, and the question number.

My issues on Appeal are: The Delaware District Court Abused Its discretion in denying Appellant's Rule 60(b) motion based upon the District court's erroneous findings in appellant's First habeas corpus petition.



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1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

INCOME SOURCE	AVERAGE MONTHLY AMOUNT DURING THE PAST 12 MONTHS	AMOUNT EXPECTED NEXT MONTH
	You	Your Spouse
Employment	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-Employment	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and Dividends	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>
Child Support	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Public Assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly income	\$ <u>N/A</u>	\$ <u>N/A</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.

Employer	Address	Dates of Employment	Gross Monthly Pay
Tri state mech. & Hadco Rd.		1990	\$1800
NA	NA	NA	NA
NA	NA	NA	NA

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.

Employer	Address	Dates of Employment	Gross Monthly Pay
NA	NA	NA	NA
NA	NA	NA	NA

4. How much cash do you and your spouse have? \$ NA

Below, state any money you or spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
NA	NA	\$ NA	\$ NA
NA	NA	\$ NA	\$ NA
NA	NA	\$ NA	\$ NA

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement for each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle # 1
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N/A

N/A

(Value)

Make & year:

Model:

Registration #:

Motor Vehicle # 2	(Value)
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Other assets	(Value)
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Other assets	(Value)
--------------	---------

Make & year:

N/A

N/A

Model:

Registration #:

6. State every person, business or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

Amount owed to you

Amount owed to your spouse

N/A

N/A

N/A

7. State the persons who rely on you or your spouse for support.

Name

Relationship

Age

N/A

N/A

N/A

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or Home Mortgage (Include lot rented for mobile home)	\$ <u>NP</u>	\$ <u>NP</u>
Are real estate taxes included?		
<input type="checkbox"/> yes <input type="checkbox"/> no		
Is property insurance included?		
<input type="checkbox"/> yes <input type="checkbox"/> no		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>NP</u>	\$ <u>NP</u>
Home maintenance (repairs and upkeep)	\$ <u>NP</u>	\$ <u>NP</u>
Food	\$ <u>NP</u>	\$ <u>NP</u>
Clothing	\$ <u> </u>	\$ <u> </u>
Laundry and dry-cleaning	\$ <u> </u>	\$ <u> </u>
Medical and dental expenses	\$ <u> </u>	\$ <u> </u>
Transportation (not including motor vehicle payments)	\$ <u> </u>	\$ <u> </u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u> </u>	\$ <u> </u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>NP</u>	\$ <u>NP</u>
Homeowners or renters	\$ <u> </u>	\$ <u> </u>
Life	\$ <u> </u>	\$ <u> </u>
Health	\$ <u> </u>	\$ <u> </u>
Motor Vehicle	\$ <u> </u>	\$ <u> </u>
Other: _____	\$ <u> </u>	\$ <u> </u>
Taxes (not deducted from wages or included in mortgage payments)(specify):	\$ <u>NP</u>	\$ <u>NP</u>

	You	Your Spouse
Installment payments	\$ <u>N/A</u>	\$ <u>N/A</u>
Credit Card (name): <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Department Store (name): <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u> </u>	\$ <u>N/A</u>
Alimony, maintenance and support paid to others	\$ <u>N/A</u>	\$ <u>N/A</u>
Regular expenses for operation of business or farm (attach detailed statement)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>N/A</u>	\$ <u>N/A</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you paid N/A Or will you be paying N/A an attorney any money for services in connection with this case, including the completion of this form?

Yes No If yes, how much? \$ N/A

If yes state the attorney's name, address and telephone number:

N/A

11. Have you paid N/A or will you be paying N/A anyone other than attorney (such as a paralegal or typist) any money for services in connection with this case, including the completion of this form?

Yes No If yes, how much? \$ N/A

If yes state the person's name, address and telephone number:

N/A

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

N/A

13. State the address of your legal residence.

Christopher R. Desmond #160380

Delaware Correctional Center Smyrna Delaware 19977

Your daytime telephone number: () N/A

Your age: N/A Your years of Schooling: N/A

IM Chris Demond
SBI# 100380 UNIT 22
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977



Clerk
U.S. District Court
844 King Street
Wilmington Delaware
19801